

STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN DEPOSITORY
FOR CANDIDATES
(Section 106.021(1), F.S.)

CHECK APPROPRIATE BOX

- ☒ Original Appointment
☐ Deputy Treasurer
☐ Reappointment of Treasurer
☐ Secondary Depository

(PLEASE TYPE)

Name of Candidate ELAINE BLOOM		1. Address (include post office box or street, city, state, zip code) 5255 COLLINS AVENUE MIAMI BEACH FLORIDA 33140	
Telephone (optional) (305) 866-8884	2. Party (Partisan candidates only) N/A	3. Office (add district, circuit or group number) MAYOR, CITY OF MIAMI BEACH	
I have appointed the following person to act as my <input checked="" type="checkbox"/> Campaign Treasurer <input type="checkbox"/> Deputy Treasurer			
4. Name of Treasurer or Deputy Treasurer RICHARD A. BERKOWITZ			
5. Mailing Address (If post office box or drawer add street address) ONE SOUTHEAST THIRD AVENUE, FIFTEENTH FLOOR		6. Telephone 305-379-7000	
7. City MIAMI	8. County MIAMI-DADE	9. State FLORIDA	10. Zip Code 33131
I have designated the following named bank as my <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository			
11. Name of Bank BEACH BANK		12. Street Address 555 ARTHUR GODFREY ROAD	
13. City MIAMI BEACH	14. County MIAMI-DADE	15. State FLORIDA	16. Zip Code 33140

I WILL NOTIFY YOU OF ANY ADDITIONS OR CHANGES TO THESE APPOINTMENTS.

17. Signature of Candidate X <i>Elaine Bloom</i>	Date <i>May 9, 2001</i>
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Campaign Treasurer's Acceptance of Appointment

I, RICHARD A. BERKOWITZ, do hereby accept the appointment as
(Please Print or Type)
☒ Campaign Treasurer ☐ Deputy Treasurer for the campaign of ELAINE BLOOM
who is seeking nomination or election as a N/A candidate to the office of
(Party)
MAYOR, CITY OF MIAMI BEACH. As a duly registered voter in MIAMI-DADE

County, Florida, I am qualified to accept this appointment.

5/7/01
Date

X *[Signature]*
Signature of Campaign Treasurer or Deputy Treasurer

RECEIVED

STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN DEPOSITORY
FOR CANDIDATES
(Section 106.021(1), F.S.)

01 MAY -9 PM 2:42
CITY CLERK'S OFFICE

CHECK APPROPRIATE BOX

- ☐ Original Appointment
☐ Deputy Treasurer
☐ Reappointment of Treasurer
☐ Secondary Depository

(PLEASE TYPE)

Name of Candidate ELAINE BLOOM		1. Address (include post office box or street, city, state, zip code) 5255 Collins Ave, Miami Beach, FL 33140	
Telephone (optional) (305) 866-8874	2. Party (Partisan candidates only) N.A.	3. Office (add district, circuit or group number) MAYOR, CITY OF MIAMI BEACH	
I have appointed the following person to act as my <input type="checkbox"/> Campaign Treasurer <input checked="" type="checkbox"/> Deputy Treasurer			
4. Name of Treasurer or Deputy Treasurer ELAINE BLOOM			
5. Mailing Address (If post office box or drawer add street address) 5255 COLLINS AV, MIAMI BEACH, FL 33140		6. Telephone 305-866-8874	
7. City MIAMI BEACH	8. County MIAMI-DADE	9. State FLORIDA	10. Zip Code 33140
I have designated the following named bank as my <input type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository			
11. Name of Bank BEACH BANK		12. Street Address 555 ARTHUR GODFREY ROAD	
13. City MIAMI BEACH	14. County MIAMI-DADE	15. State FLORIDA	16. Zip Code 33140
I WILL NOTIFY YOU OF ANY ADDITIONS OR CHANGES TO THESE APPOINTMENTS.			
17. Signature of Candidate X Elaine Bloom		Date May 9, 2001	

Campaign Treasurer's Acceptance of Appointment

I, **ELAINE BLOOM**, do hereby accept the appointment as
(Please Print or Type)
☐ Campaign Treasurer ☒ Deputy Treasurer for the campaign of **ELAINE BLOOM**
who is seeking nomination or election as a **N.A.** candidate to the office of
(Party)
MAYOR, CITY OF MIAMI BEACH As a duly registered voter in **MIAMI-DADE**
County, Florida, I am qualified to accept this appointment.

May 9, 2001
Date

X Elaine Bloom
Signature of Campaign Treasurer or Deputy Treasurer

RECEIVED

01 MAY -9 PM 3:52

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please Type)

I, ELAINE BLOOM,
candidate for the office of MAYOR, CITY OF MIAMI BEACH,
have received, read and understand the requirements of Chapter 106,
Florida Statutes.

X Elaine Bloom
Signature of Candidate

May 9, 2001
Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).